

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

SUSAN B ANTHONY LIST INC

(b) Address (number and street) ☐ check if different than previously reported

1707 L STREET NW STE 750

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30000921**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y

1 0

0 8

2 0 1 0

(b) Communication Title Choices**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Emily Buchanan

(b) Address (number and street)

1707 L St NW Ste 750

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Susan B. Anthony List

(e) Occupation

Executive Director

9. Total Donations This Statement

105700.00

10. Total Disbursements/Obligations This Statement

105700.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Emily Buchanan

SIGNATURE Electronically Filed by Emily Buchanan

DATE 10/08/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.